MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (230)

CERTIFICATE OF DEATH

05885

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred: Union Hosp. Elkton
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Bay View
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mattie Abrams

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Mulatto	Widowed

6.(b) Name of husband or wife: James W Abrams
6.(c) If alive, give age ..... years

7. Birth data of deceased (mo., day, yr.): June 18 - 1867

8. AGE:

Years	Months	Days	If less than one day
78	11	20	..... hrs. ..... min.

9. Birthplace: Farmington Cecil Co Md (Town, county, and state)
10. Usual occupation: None
11. Industry or business
12. FATHER — Name: Alfred Kirks
13. FATHER — Birthplace: Md
14. MOTHER — Maiden name: Annie Thompson
15. MOTHER — Birthplace: Md
16. Informant: James Abrams
Address: North East Rd Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9 1946 (month) (day) (year)
Cemetery or crematory: Bay View
Location: North East Rural
18. Funeral director: Joseph R Tracy
Address: North East Md
19. June 8 1946 (Date rec'd by registrar) F R Tracy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1946 at 3.20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1946 to June 7 1946 and that I last saw her alive on June 6 1946

Immediate cause of death	DURATION
Hemiplegia	
Due to CVA Sclerosis	
Due to Cerebral sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: R E Dodson M.D. M. D. or other
Address: Rising Sun Md Date signed 6-7-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

65886

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (940)

County Cecil Registration Dist. No. 90

Village or City Warwick Md. No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Eleanora G. Aiken If U. S. Veteran, specify WAR ____

(a) Residence: No. Warwick Md. St., ____ Ward. ____
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard D. Aiken Jr.

6. DATE OF BIRTH (month, day, and year): Mar. 15 1865

7. AGE: Years 81 Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): June 14 1946

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Amos Wilson

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Josephine Gillespie

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Josephine Corcoran
(Address): Elkton Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Warwick Md. Date: June 17, 1946

19. UNDERTAKER: G. Lester Daniels
(Address): Townsend Del.

20. FILED: June 17, 1946 Irving J. Biscoe Registrar.

21. DATE OF DEATH June (Month) 14 (Day), 1946 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1946, to June 14, 1946

I last saw her alive on June 14, 1946, death is said to have occurred on the date stated above, at 1:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Coronary Thrombosis Date of onset: 6/13/46

Other Contributory Causes of importance: Arteriosclerosis [illegible]

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) J. B. Heles M. D.

(Address) Middletown Del.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Evidence for the change of deceased birthdate is shown on

FILM No. I 04 JUN 25 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

Barton 05887

★ Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton, Md. (If outside city or town limits, write RURAL and give nearest town) 2.

How long in above place of death?

Hospital, institution, or street address where death occurred: Union Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rocks Pt. Beach, Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: George C. Borton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Married

6.(b) Name of husband or wife: Cecil Borton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 18, 1891

8. AGE: Years	Months	Days	If less than one day
54	11	29	..... hrs. ..... min.

9. Birthplace: Church Hill, Md (Town, county, and state)

10. Usual occupation: None (Unemployed)

11. Industry or business

FATHER — 12. Name: Solo Borton

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Ann Fountain

MOTHER — 15. Birthplace: Texas

16. Informant: Mrs. Cecil Borton

Address: Rocks Pt. Beach, Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 18, 46 (Month) (day) (year)

Cemetery or crematory: Phila., Pa.

Location

18. Funeral director: H. W. Lippin

Address: Elkton, Md.

19. June 17 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/16 1946 at 9:40 P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 12 1946 to June 16 1946

and that I last saw h/ alive on June 17 1946

	DURATION
Immediate cause of death: Acute Peritonitis	5 days
Due to: Chronic Hypocardia	15 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: H. Davis M.D. M. D. or other

Address: Chesapeake City, Md. Date signed 6/17/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

05888 Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 months
Hospital, institution, or street address where death occurred: Union Hosp.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Church Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: /

3.(a) FULL NAME: George W. Bland.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Widower.

6.(b) Name of husband or wife: Eliza. Bland.
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 4 1872.

8. AGE: Years	Months	Days	If less than one day
73	11	14	hrs. min.

9. Birthplace: St. Georges Island Md. (Town, county, and state)
10. Usual occupation: Fisherman.
11. Industry or business:
FATHER 12. Name: Virgin Bland.
13. Birthplace: Va.
MOTHER 14. Maiden name: No information.
15. Birthplace: no information
16. Interment: Cedar Hill Bland.
Address: Elkton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 21-46 (month) (day) (year)
Cemetery or crematory: Chesterton Md
Location: Chesterton Md
18. Funeral director: Edgar L. Lane
Address: Church Hill Md
19. June 19 1946 (Date rec'd by registrar) H B Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18 1946, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Acute Cardiac Failure	
Due to, or as a consequence of: Chronic arteritis	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. E. Dodson M.D. Medical Examiner for Cecil County
Address: Rising Sun Md. M. D. or other
Date signed: 6/18-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05889 Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: CECIL
City or town: VETERANS ADMINISTRATION, PERRY POINT, MD.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mo. 29 da.
Hospital, Institution, or street address where death occurred: Veterans Administration, Perry Point, Md.
How long in hospital or institution? 9 mo. 29 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: - D.C. County: -
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2730 - 10th Street, N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war: WW I

3.(a) FULL NAME: WILLIAM H. BOGGS

3.(b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: -
6.(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): January 13, 1894

8. AGE: Years: 52 Months: 5 Days: 12 If less than one day: - hrs. - min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: -

MOTHER FATHER
12. Name: William Henry Boggs
13. Birthplace: Pennsylvania
MOTHER
14. Maiden name: Annie Triscalla Ruth
15. Birthplace: Pennsylvania

16. Informant: Hospital Records
Address: Veterans Administration, Perry Point, Md.

17. (Burial, cremation, or removal. Which?) Removal Date thereof: 6-27-1946 (month) (day) (year)
Cemetery or crematory: Arlington National Cemetery
Location: Arlington, Va.

18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.

19. June 27 1946 Irma E. Humphreys
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1946, at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 27 1945, to June 25 1946 and that I last saw him alive on June 25 1946.

	DURATION
Immediate cause of death: Myocardial Degeneration with cardiac hypertrophy and	
Due to: hypertension	Over 2 years
Due to:	
Other conditions: Psychosis with syphilis of Central Nervous System, Meningo-Encephalitic type. (Include pregnancy within 3 months of death)	Unknown

Major findings of operations: -
Date of op.: -
Autopsy results: Not performed
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: - Date of: -
Where did injury occur? - (City or town) - (County) - (State)
Injured at home, farm, industry, public place (where?): -
Means of injury: - Injured at work? -

23. SIGNATURE: A.E. Trollinger
A.E. TROLLINGER, M.D., Clinical Director
Address: Veterans Administration, Perry Point, Md. Date signed: 6-26-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

05890

Reg. Diat. No. 96

1. PLACE OF DEATH:

County CECIL

City or town VETERANS ADMINISTRATION, PERRY POINT, MD.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 yrs. 30 days

Hospital, Institution, or street address where death occurred:
Veterans Administration Hosp. Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Allegany

City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 537 Greenway Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war WW I

3.(a) FULL NAME BUSKEY, Martin J.

3.(b) Social Security Number –

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife –

6.(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) September 3, 1896

8. AGE: Years	Months	Days	If less than one day
49	8	30	– hrs. – min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business –

FATHER
12. Name George J. Buskey
13. Birthplace Unknown

MOTHER
14. Maiden name Catherine McDonald
15. Birthplace Unknown

16. Informant Hospital Records

Address Veterans Administration Hosp. Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6-5-46 (month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Arlington, Va.

18. Funeral director Pennington & Son

Address Havre de Grace, Md.

19. June 5 19 46 Jesse E. Sanford (Registrar)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 46 at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 19 27 to June 2 19 46 and that I last saw him alive on June 2 19 46

Immediate cause of death	DURATION
Chronic Nephritis with Uremia	Over 6 mo.
Due to Arteriosclerosis, general	Over 2 yrs.
Due to	
Other conditions Dementia Precox, Hebephrenic type (Include pregnancy within 3 months of death)	Over 19 yrs.

Major findings of operations –

– Date of op. –

Autopsy results Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide – Date of –

Where did injury occur? – (City or town) – (County) – (State)

Injured at home, farm, industry, public place (where?) –

Means of injury – Injured at work? –

23. SIGNATURE A. E. Trollinger, M.D., Clinical Director

Address Veterans Administration, Perry Point, Md. Date signed 6-4-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

05891

CERTIFICATE OF DEATH

★ Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Principio Furnace, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Principio Furnace, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: James B. Campbell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 10, 1876

8. AGE:

Years	Months	Days	If less than one day
70	1	2	..... hrs. ..... min.

9. Birthplace: Port Deposit, Cecil Co., Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: B & O Railroad

FATHER
12. Name: John B. Campbell
13. Birthplace: Cecil Co., Md.

MOTHER
14. Maiden name: Anna M. Foster
15. Birthplace: Cecil Co., Md.

16. Informant: Elmore Campbell
Address: Perryville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15, 1946 (month) (day) (year)
Cemetery or crematory: Asbury
Location: Port Deposit, Md. Rural

18. Funeral director: Lee A. Patterson & Son
Address: Perryville, Md.

19. June 15-46 (Date rec'd by registrar) Irma E. Doughty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12th 1946, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1946, to June 12 1946
and that I last saw him alive on June 12 1946

Immediate cause of death	DURATION
Coronary Thrombosis	30 min.
Due to Atheroma of Coronary Arteries	
Due to General Atheromatosis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other
Address: Perryville Md Date signed 6/16/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

05892

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: CECIL
City or town: BAINBRIDGE, MARYLAND.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? - -
Hospital, Institution, or street address where death occurred:
U.S. NAVAL HOSPITAL
How long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MISSOURI County: BARRY
City or town: EXETER
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: COX, Baby Boy.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	- - -

6.(b) Name of husband or wife: - -
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 4, 1946.

8. AGE: Years	Months	Days	If less than one day
- - - -	- - - -	- -	1 hrs. 24 min.

9. Birthplace: USNHOSPITAL, NTC, BAINBRIDGE, Md. (Town, county, and state)
10. Usual occupation: - - - -
11. Industry or business: - - - -

FATHER
12. Name: Edwin Franklin Cox.
13. Birthplace: Purdy, Missouri.

MOTHER
14. Maiden name: Maudie Berneice Dell
15. Birthplace: Exeter, Missouri.

16. Informant: Edwin Franklin Cox.
Address: 114 Hollingsworth Manor, Elkton, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: U.S. Naval Hospital, NTC, Bainbridge, Maryland.
Location:

18. Funeral director:
Address:

19. 6/17/46 (Date rec'd by registrar) Irene E. Dunphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4, 1946. 19 at 5:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 June, 1946 to 4 June 1946 and that I last saw him alive on 4 June, 1946. 19

Immediate cause of death	DURATION
Prematurity -6 months gestation.	1 hour
Due to: Induced labor because of pyelitis of pregnancy.	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: G R Johnston Graham R. Johnston, Comdr. (MC) USN. M. D. or other
Address: USN TRA CEN, BAINBRIDGE, MD. Date signed: 4 June, 194

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

05893

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 86

1. PLACE OF DEATH:
County: CECIL
City or town: VETERANS ADMINISTRATION, PERRY POINT, MD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs. 4 mo. 6 d.
Hospital, institution, or street address where death occurred:
Veterans Administration, Perry Point, Md.
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Sussex
City or town: - Seaford
(If outside city or town limits, write RURAL and give nearest town)
Street No.: None
(If rural, give LOCATION)
2.(a) If veteran, name war: WW I

3.(a) FULL NAME: DEAN, Earl E.

3.(b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: -
6.(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): 1-13-1892

8. AGE: Years	Months	Days	If less than one day
54	5	1	- hrs. - min.

9. Birthplace: Seaford, Delaware (Town, county, and state)
10. Usual occupation: None
11. Industry or business: -

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Un known

16. Informant: Hospital Records,
Address: Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 14, 1946 (month) (day) (year)
Cemetery or crematory: Odd Fellows
Location: Seaford, Delaware

18. Funeral director: Runnells & Son
Address: Havre de Grace Md

19. June 14 1946 (Date rec'd by registrar) Irene E. Dunnells Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1946, at 12:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8 1946, to June 14 1946 and that I last saw h.im alive on June 14 1946

Immediate cause of death	DURATION
Tuberculosis, Pulmonary, chronic,	
far advanced with tuberculous	
6/6/ complicatinns	20 years
Due to	
Other conditions: Dementia Precox, Simple Type	Over 20 years

(Include pregnancy within 3 months of death)

Major findings of operations: -
Date of op.: -
Autopsy results: Not performed
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: - Date of: -
Where did injury occur? - (City or town) - (County) - (State)
Injured at home, farm, industry, public place (where?): -
Means of injury: - Injured at work? -

23. SIGNATURE: A. E. Trollinger
A. E. TROLLINGER, M.D. Clinical Director
M.D. or other
Address: Veterans Administration Hospital, Perry Point, Md. Date signed: 6-14-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

05894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1702)

CERTIFICATE OF DEATH

★ Reg. Diat. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa. County: Lancaster
City or town: Lancaster
(If outside city or town limits, write RURAL and give nearest town)
Street No. 137 E. Clay St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Harry S Deen Jr.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 13 1921

8. AGE: Years	Months	Days	If less than one day
24	11	29	hrs. min.

9. Birthplace: Lancaster Pa
(Town, county, and state)
10. Usual occupation: Bus Driver
11. Industry or business

FATHER
12. Name: Harry S Deen Sr
13. Birthplace: Lancaster Pa

MOTHER
14. Maiden name: Ida C Fountain
15. Birthplace: Lancaster Pa

16. Informant: Fred F Groff
Address: Lancaster Pa

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 15 1946 (month) (day) (year)
Cemetery or crematory: Cedar Lawn
Location: Lancaster Pa
18. Funeral director: H. W. Pippin
Address: Elkton Maryland
19. June 12 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1946 at 11.40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Compound fracture of skull.	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 6-11-46
Where did injury occur? Elkton Cecil Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Highway.
Means of injury: Automobile Injured at work? no

23. SIGNATURE: R E Dodson M.D.
M. D. or other
Address: Rising Sun Md. Date signed 6/12-46

Medical Examiner
Cecil County

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

05895 95

Reg. Diat. No.

1. PLACE OF DEATH:

County: Cecil

City or town: Port Deposit Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Port Deposit Rural.

(If outside city or town limits, write RURAL and give nearest

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Joseph Christie Devonshire

3. (b) Social Security Nu

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Sinnie Lee Devonshire

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Dec. 10, 1885

8. AGE: Years	Months	Days	If less than one day
60	5	27	...hrs. ...min.

9. Birthplace: Port Deposit Cecil Co. Md.

(Town, county, and state)

10. Usual occupation: Fireman

11. Industry or business

FATHER

12. Name: Thomas Devonshire

13. Birthplace: Md.

MOTHER

14. Maiden name: Clara Howells

15. Birthplace: Md.

16. Informant: Mrs. Christie Devonshire

Address: Port Deposit Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 1946 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Banks

Location: Near Rising Sun Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun Md.

19. Filed June 8 1946 Lon Worthington Registrar

(Date received by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased

19..., to...

and that I last saw h...alive on

Immediate cause of death: Acute Coronary Thrombosis

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged st

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of

Where did injury occur? (City or town) (County)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: P. L. Dorfner M.D. Medical Examine Cecil Count M. D. or

Address: Rising Sun Md. Date signed

Permit issued 6-8-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-6)

CERTIFICATE OF DEATH

05896

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: CECIL

City or town: Veterans Administration, Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred: Veterans Administration, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Va. County: Fauquier

City or town: Warrenton
(If outside city or town limits, write RURAL and give nearest town)

Street No.: E. Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war: WW I

3.(a) FULL NAME: FORD, Paul

3.(b) Social Security Number: –

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Fannie Ford

6.(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): March 12, 1896

8. AGE: Years	Months	Days	If less than one day
50	2	29	– hrs. – min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: –

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Veterans Administration, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 11, 1946 (month) (day) (year)

Cemetery or crematory: Warrenton, Va. Cemetery

Location: Warrenton, Va.

18. Funeral director: Pennington & Son

Address: Pennington & Son, Havre de Grace, Maryland.

19. June 11 1946 (Date rec'd by registrar) Irene E. Dwyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10 1946, at 11:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1946, to June 10 1946, and that I last saw him alive on June 10 1946

Immediate cause of death	DURATION
Heart Disease, Hypertension and arteriosclerotic; myocardial	
Due to: enlargement	Over 1 yr.
Due to:	
Due to:	
Other conditions: Cerebral syphilis, Meningo-vascular type	Unknown

(Include pregnancy within 3 months of death)

Major findings of operations: –

Date of op.: –

Autopsy results: Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: NO Date of: –

Where did injury occur? – (City or town) – (County) – (State)

Injured at home, farm, industry, public place (where?): –

Means of injury: – Injured at work? –

23. SIGNATURE: A. E. Trollinger, M.D.

Address: Acting for the Manager, Veterans Administration Hospital, Perry Point, Md. Date signed: June 11, 1946

A.E. TROLLINGER, M.D. Clinical Director

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05897

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 hours
Hospital, Institution, or street address where death occurred: Union Hosp.
How long in hospital or institution? 12 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Cecilton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Raymond Gatewood

3.(b) Social Security Number 220-07-7736

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Married

6.(b) Name of husband or wife: Ada Gatewood
6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): Sept 7 1902.

8. AGE: Years 43 | Months 9 | Days 18 | If less than one day: hrs. min.

9. Birthplace: Earleville Md. (Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business:

FATHER
12. Name: Benjamin Gatewood
13. Birthplace: Virginia

MOTHER
14. Maiden name: Charity Hughes.
15. Birthplace: Earleville Md.

16. Informant: Ada Gatewood
Address: Cecilton Md.

17. Burial (Burial, cremation, or removal) Which? Date thereof June 29 1946 (month) (day) (year)
Cemetery or crematory: Cecilton Colored Cemetery
Location: Cecilton Md.

18. Funeral director: Edward E. Bellows
Address: Millington Md.

19. June 26 1946 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1946, at 7-15 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Pleural Pneumonia	
Lt Lung & Liver	
Due to Cirrhosis Left Lung	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Normal
Autopsy: Autopsy Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. L. Dodson M.D. Medical Examiner for Cecil County
M. D. or other
Address: Rising Sun Md. Date signed: 6-25-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

05898

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (189)

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CECIL

City or town PERRY POINT, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, Institution, or street address where death occurred:
Veterans Administration Hospital, Perry Point,

How long in hospital or institution? Same as above Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 106 Everett Street
(If rural, give LOCATION)

2.(a) If veteran, name war World War II

3.(a) FULL NAME GRIFFEE, John F.

3.(b) Social Security Number Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Leda M. Griffee

6.(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) September 19, 1905

8. AGE: Years	Months	Days	If less than one day
~~40~~ 40	9	3	— hrs. — min.

9. Birthplace Elwood, Indiana
(Town, county, and state)

10. Usual occupation Newspaper Reporter

11. Industry or business Newspapers

FATHER
12. Name Delmar Griffee
13. Birthplace Indiana

MOTHER
14. Maiden name Eva Ogden
15. Birthplace West Virginia

16. Informant Records - Vetw. Adm. Hospital
Address Perry Point, Md.

17. Removal Date thereof June 25, 1946
(Burial, cremation, or removal. Where?) (month) (day) (year)
Cemetery or crematory Arlington National Ft. Myer, Virginia
Location

18. Funeral director PENNINGTON & SON, Havre de Grace, Md.
Address

19. June 25 1946 Irma E. Langford
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946 at 9:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1946, to June 22 1946 and that I last saw him alive on June 22 1946

Immediate cause of death	DURATION
Multiple fractures of skull, depressed	2 hr.
Traumatic Amputation, complete, rt. arm	" "
Due to: Laceration of Brain	" "
Lacerations, multiple, of scalp	" "
Due to: Internal Injuries	" "
Shock	
Other conditions Accidental death — Railway accident, Cent. R.R.	

(Include pregnancy within 3 months of death)

Major findings of operations above

Date of op. 6-22-46

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-22-46

Where did injury occur? Perryville, Cecil, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) R.R.R. tracks

Means of injury Train Injured at work? No

23. SIGNATURE R. C. Woodruff Medical Examiner for Cecil County
M. D. or other

Address Rising Sun, Md. Date signed 6/22-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md)

CERTIFICATE OF DEATH

05899

Reg. Dist. No. 91

1. PLACE OF DEATH:

County Cecil

City or town Rural Near Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, Institution, or street address where death occured:
Chesapeake City R.D.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Rural Near Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rfd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Elsie Griffin Col.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col	widowed

6.(b) Name of husband or wife Charles Griffin

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years	Months	Days	If less than one day
80			..... hrs. ..... min.

9. Birthplace Chestertown Md
(Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Thomas Henson
13. Birthplace Queen Anne Co. Queenstown, Md

MOTHER
14. Maiden name Lizzie Collins
15. Birthplace Dover, Del

16. Informant William Henson

Address Chesapeake City R.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12 1946 (month) (day) (year)

Cemetery or crematory Manor Cemetery

Location Chesapeake City, Rd Md

18. Funeral director H. W. Tuppin

Address Elkton, Md

19. June 11th 1946 (Date recd by registrar) Wm. Rudolph Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1946, to June 4 1946

and that I last saw h.. alive on June 4 1946

Immediate cause of death	DURATION
Chronic Myocarditis	4 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jno. A. Griswold M.D. or other

Address Elkton Md Date signed JUN 5 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

05900

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

CERTIFICATE OF DEATH

Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Biddle St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Chesapeake City Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Biddle St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Katherine Florence Harmer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wh	Widowed.

6.(b) Name of husband or wife: Nelson Harmer
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 20, 1858

8. AGE: Years	Months	Days	If less than one day
87	7	18	..... hrs. ..... min.

9. Birthplace: Christiana, Delaware
(Town, county, and state)
10. Usual occupation: at Home
11. Industry or business

FATHER
12. Name: Edward Downey
13. Birthplace: Delaware

MOTHER
14. Maiden name: Melvina Fitter
15. Birthplace: Delaware

16. Informant: Mrs Clarence Biggs
Address: Chesapeake City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 (month) 46 (day) (year)
Cemetery or crematory: Bethel
Location: Near Chesapeake City, Md
18. Funeral director: H. W. Lippincott
Address: Elkton, Md

19. June 11th 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1946 at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1934 19.. to Jan 7 1946
and that I last saw h.. alive on June 7 1946

	DURATION
Immediate cause of death: Acute Myocardial Failure	1/2 hour
Due to: Chronic Myocarditis	1 year
Due to: old age	
Other conditions: Gangrene Toe (right foot)	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. V. Downs M.D.
M. D. or other
Address: Chesapeake City Md Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

05903

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CECIL

City or town VETERANS ADMINISTRATION, Perry Point Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years 7 mo. 13 days

Hospital, institution, or street address where death occurred:
Veterans Administration Hospital, Perry Point

How long in hospital or institution? Same as above Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: No home address
(For newborn infants give residence of mother)
Admitted from St. Elizabeth's Hospital

State County Washington, D.C.

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war WW I ★ ✓

3.(a) FULL NAME GEORGE N. HOLMLIN

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 23, 1900

8. AGE:

Years	Months	Days	If less than one day
45	11	6	— hrs. — min.

9. Birthplace Jonkiping, Sweden
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business —

FATHER
12. Name John Holmlin
13. Birthplace Sweden

MOTHER
14. Maiden name Anna Adquist Holmlin
15. Birthplace Sweden

16. Informant Hospital Records
Address Veterans Administration, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7-2-1946 (month) (day) (year)

Cemetery or crematory Baltimore National Cemetery
Location Baltimore, Maryland

18. Funeral director Pennington & Son
Address PENNINGTON & SON, Havre de Grace, Maryland

19. July 2 (Date rec'd by registrar) 19 46 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 10:50P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 16 1938, to June 29 1946 and that I last saw him alive on June 29 1946

Immediate cause of death	DURATION
Chorea, Post Encephalitis	Over 8 yrs
Due to	
Due to	
Other conditions Psychosis with Chorea post encephalitis	Over 8 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE A.E. Trollinger
A.E. TROLLINGER, M.D., Clinical Director
M.D. or other

Address Veterans Administration, Perry Point, Maryland Date signed July 1, 1946

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

05901 Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: County: Cecil. City or town: Elkton. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Union Hosp.

How long in hospital or institution? 8 hours

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Pa. County: Lancaster. City or town: Ephrata. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Abram L. Hecker.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Widower.

6.(b) Name of husband or wife: Ada. Hecker.

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 22. 1887.

8. AGE: Years	Months	Days	If less than one day
59	3	8	hrs. min.

9. Birthplace: Hinkletown Pa. (Town, county, and state)

10. Usual occupation: Janitor

11. Industry or business:

FATHER — 12. Name: Ruben Hecker.

13. Birthplace: no information

MOTHER — 14. Maiden name: Elizabeth Lutz

15. Birthplace: no information

16. Informant: Clarence Hecker. Address: Ephrata Pa.

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 3 1946 (month) (day) (year)

Cemetery or crematory: Vogenville Pa

Location: New Holland RD1 Pa

18. Funeral director: H. W. Pippin

Address: Elkton. Md

19. July 1 1946 (Date rec'd by registrar) J R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1946 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Fracture of skull	
Cerebral Hemorrhage	
Due to Compound Fracture	
of Left Lower leg.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 6/29/46

Where did injury occur? Elkton (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury Automobile Injured at work? No

23. SIGNATURE: R. L. Dodson M.D. Medical Examiner Cecil County

M. D. or other

Address: Perry Sum Md. Date signed 6/30/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

CERTIFICATE OF DEATH

05902

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Rural near Elkton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Rural near Elkton Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. Elkton R.D. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ralph Holmes

3.(b) Social Security Number: 216-05-6842

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 25, 1921

8. AGE: Years	Months	Days	If less than one day
25	3	1	..... hrs. ..... min.

9. Birthplace: Elkton, Md (Town, county, and state)

10. Usual occupation: Prestolite Co.

11. Industry or business

FATHER
12. Name: Grayson Holmes
13. Birthplace: Elkton R.D. 1 Md

MOTHER
14. Maiden name: Caroline Rothwell
15. Birthplace: Cherry Hill, Md

16. Informant: Ernest Holmes
Address: Elkton R.D. 1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 10/46 (month) (day) (year)
Cemetery or crematory: Elkton
Location: Elkton, Md

18. Funeral director: H.W. Pippin
Address: Elkton, Md

19. June 10 1946 (Date rec'd by registrar) F R Faulger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 - 1946, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 - 1945 to June 7 1946 and that I last saw h... alive on June 6 - 1946

Immediate cause of death	DURATION
Pulmonary T.B.	2 Y 1 M
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Elkton md Date signed: June 7/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

05904

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs. 3 da. 10 mos.

Hospital, institution, or street address where death occurred:
Veterans Administration Hospital

How long in hospital or institution? 8 yrs. 3 da. 10 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1604 Madison St., N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3.(a) FULL NAME: HULTS, Lyle

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Ruth Hults

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): about 1897

8. AGE:

Years	Months	Days	If less than one day
48	8	22	____ hrs. ____ min.

9. Birthplace: Terra Haute, Ind.
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Automobile Agencies

FATHER
12. Name: Silas N. Hults - deceased
13. Birthplace: Ohio

MOTHER
14. Maiden name: Ida M. Lawrence
15. Birthplace: Indiana

16. Informant: Records - Veterans Administration

Address: Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 24, 1946 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Fort Myer, Va.

18. Funeral director: S. H. Hines

Address: 2901 14th St., N.W., Washington, D.C.

19. June 24 1946 (Date rec'd by registrar) Irma E. Danglade Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1946, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20 1937, to June 23 1946 and that I last saw him alive on June 23 1946

Immediate cause of death	DURATION
MYOCARDIAL DEGENERATION	unknown
Due to: General Paralysis of the Insane	over 9 yrs.
Due to:	
Other conditions:	

(include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: A. E. Trollinger M.D.

A. E. TROLLINGER, M.D., CLINICAL DIRECTOR

Address: Vets. Adm. Hosp., Perry Point, Md. Date signed: 6-24-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05905

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 yrs. 9 mos. 21 days
Hospital, institution, or street address where death occurred:
Veterans Administration Hospital
How long in hospital or institution? 16 yrs. 9 mos. 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pennsylvania County: Washington
City or town: Canonsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.: —
(If rural, give LOCATION)
2.(a) If veteran, name war: World War I ★

3.(a) FULL NAME: LAMBERT, George F.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife: Flora Lambert
6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): December 3, 1896

8. AGE: Years	Months	Days	If less than one day
49	2	11	...hrs. ...min.

9. Birthplace: Canonsburg, Pa. (Town, county, and state)
10. Usual occupation: Shop Worker - Machinist
11. Industry or business: Tinplate Company
FATHER 12. Name: Robert Lambert
13. Birthplace: Unknown
MOTHER 14. Maiden name: Annie Nicholson
15. Birthplace: Unknown
16. Informant: Records - Vets. Adm. Hospital
Address: Perry Point, Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: 6-17-46 (month) (day) (year)
Cemetery or crematory: Oak Springs
Location: Cannonsburg, Pa.
18. Funeral director: Pennington & Son, Havre de Grace, Md.
Address:
19. June 17 19 46 Irma E. Dengler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 19 46 at 9:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 23 19 29 to June 14 19 46 and that I last saw h...im...alive on June 14 19 46

Immediate cause of death	DURATION
CORONARY OCCLUSION	24 hrs.
Due to: Coronary Arteriosclerosis	
Due to: Chronic Myocarditis	over 1 yr.
Other conditions: Dementia Praecox, Hebephrenic type (Include pregnancy within 3 months of death)	17 yrs.

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: A. E. Trollinger
A. E. TROLLINGER, M.D., CLINICAL DIRECTOR
Address: VAH, Perry Point, Md. Date signed: 6-15-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

★ 05907 Reg. Diat. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs

Hospital, Institution, or street address where death occurred: Lifetime

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East

(If outside city or town limits, write RURAL and give nearest town)

Street No.: No

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: H. Harry Logan

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Annie Harmin Logan

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 18 1862

8. AGE:

Years	Months	Days	If less than one day
83	7	7	____ hrs. ____ min.

9. Birthplace: North East Cecil Co. Md.

(Town, county, and state)

10. Usual occupation: Sexton

11. Industry or business: Church sexton

FATHER 12. Name: Robert Taylor Logan

13. Birthplace: Unknown

MOTHER 14. Maiden name: Caroline Taylor

15. Birthplace: Penna.

16. Informant: Miss Frances Logan

Address: North East, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14 1946 (month) (day) (year)

Cemetery or crematory: Methodist cemetery

Location: North East, Md.

18. Funeral director: Joseph R. Grant

Address: North East, Md.

19. June 14 1946 (Date rec'd by registrar) Lydia D. Clem Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11, 1946, 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 19__ to June 11, 1946

and that I last saw him alive on June 16, 1946 19__

Immediate cause of death	DURATION
Carcinome Of Rectum	3 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: D. C. Caulwell M.D. M. D. or other

Address: North East, Md. Date signed: June 14/46

05908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 days
Hospital, institution, or street address where death occurred: Union Hospital
How long in hospital or institution? 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Barbara Jean McDowell

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 22 1946

8. AGE: Years — Months — Days 15 — If less than one day: hrs. min.

9. Birthplace: Elkton, Cecil Co. Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Harvey Francis McDowell
FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Myrtle Coulson
MOTHER — 15. Birthplace: Md

16. Informant: Harvey Francis McDowell
Address: North East R 2 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7 1946 (month) (day) (year)
Cemetery or crematory: Catholic
Location: Elkton Md

18. Funeral director: Joseph R. Grant
Address: North East Md

19. June 7 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1946 at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-22-46 19 to 6-5 19 46
and that I last saw h alive on 6-5 19 46

Immediate cause of death	DURATION
Prematurity	
Due to: Premature delivery	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R L Dockson M.D. M. D. or other
Address: Rising Sun Md. Date signed 6-6-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for the change of age of deceased is shown on

The correct age of deceased must be stated. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

05909

File No. 104 JUN 18 1946

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0
Hospital, institution, or street address where death occurred: 0
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John Motowylak MOTOWYLAK

3.(b) Social Security Number

4. Sex: M
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Aug 24 1919

8. AGE: Years 26 Months Days If less than one day ... hrs. ... min.

9. Birthplace: Chesapeake City Md
(Town, county, and state)
10. Usual occupation: Soldier's Farming [illegible]
11. Industry or business

FATHER
12. Name: Simon Motowylak
13. Birthplace: Austria

MOTHER
14. Maiden name: Anna Habachka
15. Birthplace: Austria

16. Informant: John Motowylak
Address: Chesapeake City Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 12 1946
(month) (day) (year)
Cemetery or crematory: St Rose Catholic Cemetery
Location: Chesapeake City Md

18. Funeral director: H W Pippin
Address: Elkton Md

19. June 10 1946
(Date rec'd by registrar)
F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1946, at 12:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death: Crushed Rt Side of Chest Lacerated face Rt ankle
Due to: Fractured Both Legs
Due to:

DURATION

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 6-9-46
Where did injury occur? Elkton Cecil Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Highway 213
Means of injury: Automobile Injured at work?

Medical Examiner
for Cecil County

23. SIGNATURE: R C Dodson MD
M. D. or other
Address: Rising Sun Md Date signed: 6-9-46

05910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (07)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 hours.
Hospital, Institution, or street address where death occurred: Union Hosp. Elkton Md.
How long in hospital or institution? 4 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elk Mills.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: William Alfred Riggs Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 15 1945

8. AGE: Years 0 | Months 7 | Days 5 | If less than one day ..... hrs. ..... min.

9. Birthplace: Elkton Md.
(Town, county, and state)

10. Usual occupation: Baby.

11. Industry or business

FATHER
12. Name: Wm. Alfred Riggs Jr.
13. Birthplace: Elk Mills Md.

MOTHER
14. Maiden name: Lydia Creswell
15. Birthplace: Elkton Md.

16. Informant: Mrs. A. Riggs
Address: Elk Mills Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 23 46 (month) (day) (year)
Cemetery or crematory: Cherry Hill
Location: Cherry Hill Md
16. Funeral director: Peter Pipkin
Address: Elkton, Md.

19. June 22 19 46 (Date rec'd by registrar) F R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 19 46 at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Bronchial Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: R. Le Dodson M.D. Medical Examiner for Cecil County
M. D. or other
Address: Rising Sun Md. Date signed 6/20/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 05911 / 43

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Union

How long in hospital or institution? 2 weeks 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton R D 2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: Not a veteran

3.(a) FULL NAME: Oscar V Saxton

3.(b) Social Security Number: 219-18-8012

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Laura Mary Saxton

6.(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): June 30 1893

8. AGE: Years	Months	Days	If less than one day
53	11	17	....hrs. ....min.

9. Birthplace: Andora Cecil Co. Md.

(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER — 12. Name: Albanus Saxton

13. Birthplace: Md

MOTHER — 14. Maiden name: Mary Heath

15. Birthplace: Md

16. Informant: Laura Mary Saxton

Address: Elkton Rd 2 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jun 19 1946 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Cherry Hill, Md

18. Funeral director: Joseph R Grant

Address: North East Maryland

19. June 19 1946 (Date rec'd by registrar) F R Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1946, at 3 20 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 30 1946 to June 16 1946 and that I last saw h.. alive on June 16 1946

Immediate cause of death	DURATION
Chronic Nephritis	3 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op.....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ....Date of.....

Where did injury occur? ....(City or town) ....(County) ....(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ....Injured at work?

23. SIGNATURE: H. V. Davis M.D. M. D. or other

Address: Chesapeake City Md Date signed 6/17/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(947)

05912 95

★ Reg. Diat. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH.

County: Cecil

City or town: Liberty Grove

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Liberty Grove.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Harry Wilbur Sluiter

3.(b) Social Security Number 21-09-7737

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Married

6.(b) Name of husband or wife: Edna E Sluiter

6.(c) If alive, give age: 5-2. years

7. Birth date of deceased (mo., day, yr.): March 4 1894.

8. AGE: Years	Months	Days	If less than one day
64	3		hrs. min.

9. Birthplace: Trout Run Pa. (Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business

FATHER 12. Name: Ivan Sluiter

FATHER 13. Birthplace: Forranda Pa.

MOTHER 14. Maiden name: Ellen Barkley

MOTHER 15. Birthplace: unknown.

16. Informant: Edna E Sluiter

Address: Liberty Grove Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6 1946 (month) (day) (year)

Cemetery or crematory: Baptist Cem

Location: Conowingo Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun Md.

19. June 5, 1946 (Date rec'd by registrar) H. L. Worthington Registrar

Certificate received 6-5-46

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1946, at 7.30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Acute Coronary	
Due to: Thrombosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. E. Dodson M.D. Medical Examiner Cecil County

Address: Rising Sun Md. M. D. or other

Date signed: 6-4-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05913

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Cecil
City or town: Veterans Adm. Hospital, Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 days
Hospital, institution, or street address where death occurred:
Veterans Administration Hosp., Perry Point, Md.
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna. County: Centre
City or town: Bellefonte
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4 Pine Street
(If rural, give LOCATION)
2.(a) If veteran, name war: Spanish American War

3.(a) FULL NAME: SUNDAY, George W.

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary D. Sunday
6.(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): December 29, 1878

8. AGE: Years 67 | Months 5 | Days 19 | If less than one day: — hrs. — min.

9. Birthplace: Bellefonte, Pa.
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: —

MOTHER
12. Name: Unknown
13. Birthplace: Unknown

FATHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Veterans Administration, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 6-18-46 (month) (day) (year)
Cemetery or crematory: Union Cemetery
Location: Bellefonte, Pa.

18. Funeral director: Pennington & Son
Address: Pennington & Son, Havre de Grace, Md.

19. June 18 1946 (Date rec'd by registrar) Irene E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1946, at 1010 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1946, to June 17 1946 and that I last saw him alive on June 17 1946

Immediate cause of death	DURATION
Myocardial Insufficiency	Unknown
Due to: Myocardial Degeneration	Unknown
and Valvular Heart Disease	Unknown
Due to: Anemia, severe	Unknown
Other conditions: Psychosis with cerebral arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —

Autopsy results: Not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? (City or town) — (County) — (State) —
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: C. E. Trollinger, M.D. Clinical Director M.D. or other
Acting for the Manager
Address: Veterans Administration Perry Point, Md.
Date signed: 6-18-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05906 Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Pauline Pereszczuk. **3.(b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	married

6.(b) Name of husband or ~~wife~~: John Pereszczuk. 6.(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.): Oct 27 1886

8. AGE: Years	Months	Days	If less than one day
59	7	21	hrs. min.

9. Birthplace: Austria (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Michael Myckiniki
FATHER 13. Birthplace: Austria
MOTHER 14. Maiden name: no information
MOTHER 15. Birthplace: No information
16. Informant: John Pereszczuk.
Address: Chesapeake City
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20 1946 (month) (day) (year)
Cemetery or crematory: St Rose cemetery
Location: Chesapeake City Md
19. Funeral director: H. W. Pippin
Address: Elkton. Md
19. June 19th 1946 (Date rec'd by registrar) Mrs Rachel A. Beck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1946, at 2 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute Cardiac Dilatation	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: R. L. Dodson M.D. Medical Examiner Cecil County
Address: Rising Sun M. D. or other Date signed: 6/18-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

05914

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Cecil
City or town Veterans Administration Hosp. Perry Point Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 yrs. 23 days
Hospital, institution, or street address where death occurred:
Veterans Administration, Perry Point, Md.
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4847 Park Ave., Washington, D.C.
(If rural, give LOCATION)
2.(a) If veteran, name war WW I

3.(a) FULL NAME WELLS, John N.

3.(b) Social Security Number -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Unknown
6.(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) November 14, 1887

8. AGE: Years	Months	Days	If less than one day
58	6	19	- hrs. - min.

9. Birthplace Washington, D.C. (town, county, and state)
10. Usual occupation Painter
11. Industry or business -

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Hospital Records, Veterans Administration
Address Hospital, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6-4-46 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Washington, D.C.

18. Funeral director Wm R. Pumphrey Per BP
William R. Pumphrey,
Address 7557 Wisconsin Avenue, Bethesda, Md.

19. June 3 1946 (Date rec'd by registrar) Irma E Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May JUNE 3 1946 at 7:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10, 1924 to June 3 1946 and that I last saw him alive on June 3 1946

Immediate cause of death Coronary Occlusion — DURATION: Approx. 3 hrs.

Due to Disease of the Coronary Artery, arteriosclerosis — DURATION: Unknown

Due to

Other conditions Dementia Praecox, Paranoid type — DURATION: Over 22 yrs.
(Include pregnancy within 3 months of death)

Major findings of operations -
Date of op. -
Autopsy results Not performed
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide - Date of -
Where did injury occur? - (City or town) - (County) - (State)
Injured at home, farm, industry, public place (where?) -
Means of injury Injured at work? -

23. SIGNATURE A.E. Trollinger Hm
A.E. TROLLINGER, M.D. Clinical Director
M. D. or other
Address Veterans Administration, Perry Point, Md. Date signed June 4, 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

11594 Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Cecil

City or town: North East Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 minutes

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: North East Rural.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ray Whitelow (Combs)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May. 10 1931

8. AGE: Years 15 | Months 1 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Marion Va. (Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER 12. Name Wm. Whitelow

13. Birthplace no information

MOTHER 14. Maiden name no information

15. Birthplace

16. Informant Raymon Combs

Address North East Rd Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof June (month) 11 (day) 1946 (year)

Cemetery or crematory Comer Creek

Location Irvindale Virginia

18. Funeral director Joseph R Evans

Address North East Md

19. 6/11/1946 Lida E. Owens Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946 at 11:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Drowned.	
Due to	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-10-46

Where did injury occur? North East (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?) Grundel Cary River

Means of injury Fallen River Injured at work? no

23. SIGNATURE R. E. Dodson M.D. M. D. or other

Address Rising Sun Md Date signed 6-11-46

Medical Examiner Cecil County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15